

FREEDOM OF INFORMATION REQUESTS
February 2020

FOI NO: FOI 075	Date Received: 10 February 2020
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Request :

Please can I request information for the below questions regarding the provision of certain women's health services in your area:

- List of all practices (including address and postcode details) that are contracted to fit/offer an Internal Uterine System/Device (coil) fitting service.
- How many IUS/Ds (coils) have each practice fitted/removed/reviewed/claimed for in the financial year 2018/19.
- How much are contracted practices paid per IUS/IUD (coil) procedure (fit, remove, review or other) they currently contracted to pay per fit.
- If fitting service is available how many insertions and removals have been undertaken in the last 12 months for each practice.
- Does the practice have a bespoke clinic for IUS/D (coil) fitting or are appointments for IUS/D (coil) fits made as part of the routine appointment schedule or both.
- Is there a waiting time for IUS/IUD (coil) fits at the practice and if so how long (less than 6 weeks, between 6 weeks - 6 months, or longer than 6 months).
- If a practice does not have its own fitting service, which practice/clinic/hospital do they refer the majority of their patients that require an IUS/D (coil) fit to (type, name, address and postcode) and how many do they refer.
- Do they have someone within the practice who provides specialist contraceptive counselling and if so what is their role (doctor, nurse, healthcare assistant, healthcare visitor or other).

Response :

- List of all practices (including address and postcode details) that are contracted to fit/offer an Internal Uterine System/Device (coil) fitting service .
See response below.
- How many IUS/Ds (coils) have each practice fitted/removed/reviewed/claimed for in the financial year 2018/19.
See response below.
- How much are contracted practices paid per IUS/IUD (coil) procedure (fit, remove, review or other) they currently contracted to pay per fit.
See response below.
- If fitting service is available how many insertions and removals have been undertaken in the last 12 months for each practice.
See response below.

Review / Check £21.31, insertion £79.92, removal £21.31
List of GP surgeries including address and postcode, commissioned to provide IUCD in 2018-19, including their individual activity levels.



IUCD activity
2018_19.xlsx

- Does the practice have a bespoke clinic for IUS/D (coil) fitting or are appointments for IUS/D (coil) fits made as part of the routine appointment schedule or both.
We do not hold this information; it would be available from the individual practice upon request.
- Is there a waiting time for IUS/IUD (coil) fits at the practice and if so how long (less than 6 weeks, between 6 weeks - 6 months, or longer than 6 months)
We do not hold this information; it would be available from the individual practice upon request.
- If a practice does not have its own fitting service, which practice/clinic/hospital do they refer the majority of their patients that require an IUS/D (coil) fit to (type, name, address and postcode) and how many do they refer.
The locally commissioned service for IUCD's includes the option to take patients from other practices however none of our commissioned practices has claimed for any non-registered patients in 2018-19. The exception to this is Tottington Medical Practice who holds a PMS+ legacy contract with Bury CCG, and through this they claim for 'contraception only' patients. Patients can also attend our local Integrated sexual health services at Townside Health Centre.
<https://www.thesexualhealthhub.co.uk/services-near-you/bury/>
- Do they have someone within the practice who provides specialist contraceptive counselling and if so what is their role (doctor, nurse, healthcare assistant, healthcare visitor or other).
We do not hold this information, it would be available from the individual practice upon request.

FOI NO: FOI 076	Date Received: 10 February 2020
<p>Request :</p> <p>For context, I am looking to gain an understanding of the referral management arrangements across the CCG:</p> <p>1. Does the CCG have a referral management/ facilitation service?</p> <p>If yes: Which organisation/company provides this to the CCG? <i>Please provide, name, job title and contact details for responsible person at referral management/ facilitation service?</i></p> <p>a) What commercial arrangement is in place between the CCG and this organisation/company? <i>Please provide details of how this was awarded/procured, what was the procurement vehicle used? Was it procured on an open framework? Which framework?</i></p> <p>b) What is the total contract value?</p> <p>c) When does the current contract expire?</p> <p>d) How much does the CCG pay for referral management?</p> <p>e) How is the cost calculated? Do the CCG an amount per referral or on block for all referrals? How much does each referral cost to administer? Does this differ depending on the type of</p>	

referral?

- f) What workflow management systems is used to manage referrals? Docman RMS, Emis etc
- g) How does the CCG ensure that GP's follow local pathways (EBICS/POLCE) or protocols when referring patients to provider organisations?

If no:

- a) Please confirm how GP referrals are managed between GP and Provider organisations across the CCG? *Does each GP practice in the CCG administer all of its referrals, directly with the provider or ERS? If not how are they managed? Peer reviewed? Checked for accuracy?*
 - b) j. How does the CCG ensure that GP's follow EBICS (*Evidence Based Interventions and Clinical Standards, formerly PoLCE this is the referral process for patients needing a procedure where certain criteria or a threshold must be met before funding is approved*) or the equivalent standards/guidance in your locality when referring patients to provider organisations?
2. Please confirm the total number of patient referrals from GP/CCG to provider organisations in 2019?
 3. Who is responsible from a CCG perspective for the management of patient referrals? *Please provide name, job title and contact details of individual?*
 4. Which CCG board member is responsible me for referral management? *Please provide name, job title and contact details of individual?*

Response :

1. Does the CCG have a referral management/ facilitation service?
NHS Bury CCG does not have a referral management / facilitation service provided by an external organisation / company as these arrangements are managed in house.

If no:

- a) Please confirm how GP referrals are managed between GP and Provider organisations across the CCG? *Does each GP practice in the CCG administer all of its referrals, directly with the provider or ERS? If not how are they managed? Peer reviewed? Checked for accuracy?*
There are a range of referral processes used to facilitate the management of referrals between Practices and Commissioned providers, this include
 - **Direct booking via ERS**
 - **Choice clinics where peer review takes place and then booked into appropriate pathway**
 - **Direct (secure) email to provider**
 - **Telephone referral**
- b) j. How does the CCG ensure that GP's follow EBICS (*Evidence Based Interventions and Clinical Standards, formerly PoLCE this is the referral process for patients needing a procedure where certain criteria or a threshold must be met before funding is approved*) or the equivalent standards/guidance in your locality when referring patients to provider organisations?
NHS Bury CCG holds a directory of services (DOS) that contains all relevant referral criteria for its commissioned providers.
Referral templates detail any additional requirements e.g. where an individual funding request may be required.

2. Please confirm the total number of patient referrals from GP/CCG to provider organisations in

2019?

Approx. 74500 GP referrals in 2019 - E-referrals only.

3. Who is responsible from a CCG perspective for the management of patient referrals? *Please provide name, job title and contact details of individual?*
Zoe Alderson, Head of Primary Care, email: zoe.alderson@nhs.net
4. Which CCG board member is responsible for referral management? *Please provide name, job title and contact details of individual?*
Margaret O'Dwyer, Director of Commissioning & Business Delivery/Deputy Chief Officer
T: 0161 253 7664

FOI NO: FOI 077

Date Received: 10 February 2020

Request :

The British Association of Gender Identity Specialists (BAGIS) is an association of healthcare professionals founded for the purpose of promoting clinical research and exchange of knowledge of gender dysphoria and transgender health.

BAGIS is aware of the judicial review brought by the Equality and Human Rights Commission (EHRC) in August 2018 which challenged NHS England's failure to offer gamete storage to transgender patients as a general policy, rather than leaving this as a matter for individual CCGs to decide. BAGIS understands, from media reports, that this claim settled, shortly before the court hearing on 28 March 2019, on the basis that NHS England would revise its guidance on this issue. Subsequent media reports indicated that part of the basis for this settlement was NHS England's agreement to issue guidelines to all CCGs to the effect that "strong justification" needs to be shown by any CCG refusing to offer fertility preservation to transgender patients; and that a failure to provide this may be challenged in court ("Transgender fertility rules updated by NHS", *The Guardian*, 31 March 2019). The EHRC made media comments welcoming this development.

BAGIS is unaware of what if any guidance on this issue has been drawn up by NHS England.

However, given that individual CCGs are responsible for clinical commissioning within their area, BAGIS kindly requests that NHS Bury CCG confirm:

1. Whether NHS Bury CCG has drawn up its own guidance on these issues; and if so, to provide a copy to BAGIS and to confirm whether it has been published.
2. In any event, what criteria are applied by NHS Bury CCG in decided whether to fund gamete storage facilities for transgender patients generally.
3. How many requests for gamete storage were made by transgender patients shortly before general conversion treatment in:
 - a) 2018, per calendar month; and
 - b) 2019, per calendar month?
4. For each month for which data is provided in responses to question 3:
 - a) How many requests were granted?
 - b) How many were refused?
 - c) How many remain pending?

BAGIS would be grateful for a response to each of these requests as a matter of urgency. BAGIS is

aware of numerous cases of transgender patients who intend to undergo relevant treatment and have requested gamete preservation, which their CCG has refused to fund.

Response :

1. Whether NHS Bury CCG has drawn up its own guidance on these issues; and if so, to provide a copy to BAGIS and to confirm whether it has been published;
Please contact NHS England directly (email: england.contactus@nhs.net - please write "Freedom of Information" in the subject line), NHS Bury CCG do not have a policy in relation to gamete storage treatment.
2. In any event, what criteria are applied by NHS Bury CCG in decided whether to fund gamete storage facilities for transgender patients generally
Please contact NHS England directly (email: england.contactus@nhs.net - please write "Freedom of Information" in the subject line), NHS Bury CCG do not have a policy in relation to gamete storage treatment.
3. How many requests for gamete storage were made by transgender patients shortly before general conversion treatment in:
 - a) 2018, per calendar month; and
 - b) 2019, per calendar month?**NHS Bury CCG do not hold this information**
4. For each month for which data is provided in responses to question 3,
 - a) How many requests were granted?
 - b) How many were refused?
 - c) How many remain pending?**NHS Bury CCG do not hold this information**

FOI NO: FOI 078

Date Received: 12 February 2020

Request :

Contract for Non-Emergency Eye Surgery by NHS Bury CCG ('the Group')

1. For the period 1st of April 2018 to 31st of March 2019, please provide the names of any independent sector providers that have provided cataract and/or YAG capsulotomy procedures to the Group.
2. For each independent sector provider, please list the price charged for the following surgical procedures for the period 1st of April 2018 to 31st of March 2019:
 - Cataract with implantation of a spherical (non toric) intraocular lens;
 - Cataract with implantation of toric intraocular lens; and
 - YAG capsulotomy.
3. For each independent sector provider, please list the price charged for pre-operative and post-operative professional consultation fees associated with the following surgical procedures for the period 1st of April 2018 to 31st of March 2019 (including stating the services provided):
 - Cataract with implantation of a spherical (non toric) intraocular lens;
 - Cataract with implantation of toric intraocular lens; and

- YAG capsulotomy.

4. Please provide the number of procedures (per eye) completed by each additional independent sector provider for the following surgical procedures for the period 1st of April 2018 to 31st of March 2019:

BZ30A	Complex, Cataract or Lens Procedures, with CC Score 2+
BZ30B	Complex, Cataract or Lens Procedures, with CC Score 0-1
BZ31A	Very Major, Cataract or Lens Procedures, with CC Score 2+
BZ31B	Very Major, Cataract or Lens Procedures, with CC Score 0-1
BZ32A	Intermediate, Cataract or Lens Procedures, with CC Score 2+
BZ32B	Intermediate, Cataract or Lens Procedures, with CC Score 0-1
BZ33Z	Minor, Cataract or Lens Procedures
BZ34A	Phacoemulsification Cataract Extraction and Lens Implant, with CC Score 4+
BZ34B	Phacoemulsification Cataract Extraction and Lens Implant, with CC Score 2-3
BZ34C	Phacoemulsification Cataract Extraction and Lens Implant, with CC Score 0-1

5. Please provide the renewal date for the Group's Contract for Non-Emergency Eye Surgery, and if applicable, please state any extension period which can apply.

Response :

Contract for Non-Emergency Eye Surgery by NHS Bury CCG ('the Group')

1. For the period 1st of April 2018 to 31st of March 2019, please provide the names of any independent sector providers that have provided cataract and/or YAG capsulotomy procedures to the Group.

**Spa Medica
Care UK**

2. For each independent sector provider, please list the price charged for the following surgical procedures for the period 1st of April 2018 to 31st of March 2019:

- Cataract with implantation of a spherical (non toric) intraocular lens;
- Cataract with implantation of toric intraocular lens; and
- YAG capsulotomy.

Surgical procedures are charged at national tariff rate

BZ34 A	Phacoemulsification Cataract Extraction and Lens Implant, with CC Score 4+	696
BZ34 B	Phacoemulsification Cataract Extraction and Lens Implant, with CC Score 2-3	681
BZ34 C	Phacoemulsification Cataract Extraction and Lens Implant, with CC Score 0-1	672

Regarding the YAG capsulotomy there is no direct HRG code which can be linked

3. For each independent sector provider, please list the price charged for pre-operative and post-operative professional consultation fees associated with the following surgical procedures for the period 1st of April 2018 to 31st of March 2019 (including stating the services provided):

- Cataract with implantation of a spherical (non toric) intraocular lens;
- Cataract with implantation of toric intraocular lens; and
- YAG capsulotomy.

National tariffs for first appointment: £139 and national tariff for follow ups £59

4. Please provide the number of procedures (per eye) completed by each additional independent sector provider for the following surgical procedures for the period 1st of April 2018 to 31st of March 2019:

BZ30A	Complex, Cataract or Lens Procedures, with CC Score 2+
BZ30B	Complex, Cataract or Lens Procedures, with CC Score 0-1
BZ31A	Very Major, Cataract or Lens Procedures, with CC Score 2+
BZ31B	Very Major, Cataract or Lens Procedures, with CC Score 0-1
BZ32A	Intermediate, Cataract or Lens Procedures, with CC Score 2+
BZ32B	Intermediate, Cataract or Lens Procedures, with CC Score 0-1
BZ33Z	Minor, Cataract or Lens Procedures

BZ34A	Phacoemulsification Cataract Extraction and Lens Implant, with CC Score 4+
BZ34B	Phacoemulsification Cataract Extraction and Lens Implant, with CC Score 2-3
BZ34C	Phacoemulsification Cataract Extraction and Lens Implant, with CC Score 0-1

Sum of ACTIVITY

Row Labels	SPAMED ICA	CARE UK
BZ30A - Complex, Cataract or Lens Procedures, with CC Score 2+		
BZ30B - Complex, Cataract or Lens Procedures, with CC Score 0-1		
BZ31A - Very Major, Cataract or Lens Procedures, with CC Score 2+	21	
BZ31B - Very Major, Cataract or Lens Procedures, with CC Score 0-1	2	
BZ32A - Intermediate, Cataract or Lens Procedures, with CC Score 2+	1	
BZ32B - Intermediate, Cataract or Lens Procedures, with CC Score 0-1		
BZ34A - Phacoemulsification Cataract Extraction and Lens Implant, with CC Score 4+	211	
BZ34B - Phacoemulsification Cataract Extraction and Lens Implant, with CC Score 2-3	371	
BZ34C - Phacoemulsification Cataract Extraction and Lens Implant, with CC Score 0-1	110	45
BZ61A - Complex, Cornea or Sclera Procedures, with CC Score 2+		
BZ61B - Complex, Cornea or Sclera Procedures, with CC Score 0-1		
Grand Total	716	45

5. Please provide the renewal date for the Group's Contract for Non-Emergency Eye Surgery, and if applicable, please state any extension period which can apply.

April 2020

FOI NO: FOI 079	Date Received: 8 February 2020
<p>Request :</p> <p>Please provide details for NHS Bury CCG of the test applied to NHS Continuing Healthcare Assessments, the reference being, Grogan v Bexley NHS Care Trust, "107. In that consideration in my view, the Care Trust should;</p> <p>i) identify the test it applies,"</p>	
<p>Response :</p> <p>Please provide details for NHS Bury CCG of the test applied to NHS Continuing Healthcare Assessments, the reference being, Grogan v Bexley NHS Care Trust, "107. In that consideration in my view, the Care Trust should;</p> <p>i) identify the test it applies,"</p> <p>Assessments are completed in line with guidance from The National Framework for NHS Continuing Healthcare and its associated documentation.</p>	

FOI NO: FOI 080	Date Received: 13 February 2020
<p>Request :</p> <p>The Role of the patient and public engagement lay member I am interested how the lay member undertakes this role.</p> <p>Also what engagements /public events have been organised over the past twelve months by the patient / public engagement.</p> <p>What salary /cost implications has there been?</p> <p>How do the CCG fulfil its obligation and requirement to engage with the people of Bury.</p> <p>The CCG does not engage with Patient Participation Groups in Bury Why?</p> <p>Reason for requesting:</p> <p>As a patient at Redbank Health Group we are constantly trying to engage with other patients as to how to get the best health care in Radcliffe.</p> <p>We have no record or information available as to the serious lack information and public events from those responsible for public engagement over the past few years. This has been compounded when the patient cabinet was resolved which left Radcliffe with no direct access to the CCG</p>	
<p>Response :</p> <p>The Role of the patient and public engagement lay member I am interested how the lay member undertakes this role.</p> <p>The lay member for Patient and Public Involvement, which is a statutory role on the CCG's Governing Body brings specific expertise and experience, as well as their knowledge as a member</p>	

of the local community, to the work of the Governing Body.

It is expected that their focus will be strategic and impartial, providing an independent view of the work of the CCG that is external to the day-to-day running of the organisation. It is also not intended that the Lay Member will exercise oversight of patient and public engagement, but that they ensure, through the appropriate governance processes, that duties in respect to patient and public engagement are being adhered to and discharged effectively.

The Lay Member provides this support through being an active member on the CCG's Governing Body and the recently established Strategic Commissioning Board, which has delegated authority for most commissioning decisions in respect to the CCG and Council and is the vice Chair on the Primary Care Commissioning Committee. Additionally, the Lay Member is also a member on the Audit Committee, Remuneration Committee and Finance Contracting and Procurement Committee.

Also what engagements /public events have been organised over the past twelve months by the patient / public engagement.

The Governing Body, Primary Care Commissioning Committee and the Strategic Commissioning Board all meet in public. Members of the public can attend to observe these meetings and submit questions in advance. The Annual General Meeting is also a meeting in public and last took place in September 2019. Specific activity is summarised below:

- **Engagement**

Reducing prescribing of over the counter medicines for minor, short term conditions - A four week engagement period from 15th March until 12th April 2019 inclusive.

- **Consultation**

Improving urgent care services in Bury - A four-week consultation period from 10th February 2020 until 8th March 2020 inclusive.

Furthermore, the CCG has been working more closely with the Council to develop a joint Communication and Engagement Strategy, looking at our approach to engagement and how we can improve to truly reach out more extensively across the whole Borough.

What salary /cost implications has there been ?

There is no specific budget to run engagement activities, however, relatively small costs are generally incurred for room hire and beverages to run public events. Additionally, there are salary and associated management costs in respect to colleagues participating and delivering engagement and consultation exercises, however we do not calculate costs specifically as the activity is embedded within core role requirements. Salary costs in respect to the Lay Member roles are included within the CCG Annual Report and can be accessed at https://www.buryccg.nhs.uk/download/document_library/your-local-nhs/plans_policies_and_reports/FINAL-AR-1819-V-1.0.pdf

How do the CCG fulfil its obligation and requirement to engage with the people of Bury.

The CCG has a legal duty to involve patients and the public in its work in a meaningful way to improve health and care services. The legal duty is relevant to designing and planning services, decision making and proposals for changes that will impact on individuals or the range of health services available to them, including how health services are provided to them.

A range of mechanisms are in place to engage local people in the work of the CCG, this includes through social media platforms, coverage in the press and media, a Health Matters E-Newsletter which people can sign up to and the availability of information in alternative formats on request i.e. large print versions of Governing Body papers.

Additionally, through equality impact assessments, which are completed to ensure that all people

and communities, including those with protected characteristics are fully considered when considering commissioning activity, the CCG identified the most appropriate way to involve its population.

The CCG does not engage with Patient Participation Groups in Bury Why?

The CCG's links in with PPG's tends to be via the practices themselves, who the CCG rely on to share information with PPG members. As part of our refreshed Communications and Engagement Strategy, we are working to develop mechanisms for neighbourhood engagement including the role that GP practice Patient Participation Groups could have in this.

FOI NO: FOI 081

Date Received: 17 February 2020

Request :

I have a few Questions about care homes and telemedicine.

Health care in care homes

1. Is your organisation responsible for the commissioning of health care for those residing in care homes?
- 1.2 Is there another organisation in your area who is the main decision maker for health care for those residing in care homes (such as an STP/ ICS / PCN)?
- 1.3 Who in your organisation is the lead/ main person responsible for health care for those residing in care homes?
- 1.4 How many Care homes are in your area?

Telemedicine

- 2.1 Does your organisation presently commission or endorse any form of telemedicine, video consultation or other technologically enabled care for care homes? or have an association with a pilot involving this?
- 2.2 If Yes, please provide the details
 - a. Type (description of solution)
 - b. Supplier
 - c. Number of care homes solution is in
 - d. Cost
 - e. Contract dates (Start and expiration with any possible extensions)
 - f. Date for review
 - g. Has there been an analysis if so what where the results? (please attach any report)
 - h. Have you continued this? If not why not?
 - i. Lead/ person responsible for this at your organisation
- 2.3 Is telemedicine (Video with live diagnostic equipment giving the clinician the ability to diagnose at a distance) in care homes something that your organisation would consider (either individually or at STP/ ICS/ PCN level)? (This can be used as a way of reducing hospital admissions, increasing the level of health care in care homes by recognising and acting upon critically ill patients sooner and the subsequent decreasing the overall cost of health.)

2.4 If your CCG is not considering telemedicine is there a reason why this is not being considered?

Decision Making

- 3.1 What criteria are most important when commissioning innovation such as telemedicine? (cost, in line with objectives, evidence of effectiveness...)?
- 3.2 What evidence do you require when making a decision on innovation such as telemedicine?
- 3.3 Who is, or who would be the lead/ person responsible for the decision to put telemedicine into care homes? Name, Role in organisation, Best way to contact.
- 3.4 Who else may affect the decision-making process for telemedicine? What are these stakeholders' interests?

Innovation Engagement

- 4.1 What did your CCG spend on innovation in the last year?
- 4.2 How have businesses successfully engaged with your CCG in the past regarding innovation?
- 4.3 What is the best way for a business to engage your CCG with a telemedicine innovation for care homes?

Response :

1. Is your organisation responsible for the commissioning of health care for those residing in care homes?
Yes, NHS Bury CCG commissions health care for patients registered with a Bury GP who live in care homes.
- 1.2 Is there another organisation in your area who is the main decision maker for health care for those residing in care homes (such as an STP/ ICS / PCN)?
No.
- 1.3 Who in your organisation is the lead/ main person responsible for health care for those residing in care homes?
Chief Executive, Bury Council / Chief Officer, NHS Bury CCG.
- 1.4 How many Care homes are in your area?
52

Telemedicine

- 2.1 Does your organisation presently commission or endorse any form of telemedicine, video consultation or other technologically enabled care for care homes? Or have an association with a pilot involving this?
At present the Digital Strategy for Bury is to be developed in which all informatics projects and programmes will be assessed and evaluated at a strategic level across Bury.
- An Urgent Care Review is currently under consultation – which includes a number of key priorities including video conferencing – this is available at:**

<https://www.buryccg.nhs.uk/2020/02/10/have-your-say-on-urgent-care-services-in-bury/>

- 2.2 If Yes, please provide the details
- Type (description of solution)
 - Supplier
 - Number of care homes solution is in
 - Cost
 - Contract dates (Start and expiration with any possible extensions)
 - Date for review
 - Has there been an analysis if so what were the results? (please attach any report)
 - Have you continued this? If not why not?
 - Lead/ person responsible for this at your organisation

- 2.3 Is telemedicine (Video with live diagnostic equipment giving the clinician the ability to diagnose at a distance) in care homes something that your organisation would consider (either individually or at STP/ ICS/ PCN level)? (This can be used as a way of reducing hospital admissions, increasing the level of health care in care homes by recognising and acting upon critically ill patients sooner and the subsequent decreasing the overall cost of health.)

Please see 2.1 above.

- 2.4 If your CCG is not considering telemedicine is there a reason why this is not being considered?

Please see 2.1 above.

Decision Making

- 3.1 What criteria are most important when commissioning innovation such as telemedicine? (cost, in line with objectives, evidence of effectiveness...)?
- At present the Digital Strategy for Bury is to be developed in which all informatics projects and programmes will be assessed and evaluated at a strategic level across Bury.**

An Urgent Care Review is currently under consultation – which includes a number of key priorities including video conferencing – this is available at:

<https://www.buryccg.nhs.uk/2020/02/10/have-your-say-on-urgent-care-services-in-bury/>

- 3.2 What evidence do you require when making a decision on innovation such as telemedicine?

Please see 3.1 above.

- 3.3 Who is, or who would be the lead/ person responsible for the decision to put telemedicine into care homes? Name, Role in organisation, Best way to contact.

Please see 3.1 above.

- 3.4 Who else may affect the decision-making process for telemedicine? What are these stakeholders' interests?

Please see 3.1 above.

Innovation Engagement

A digital strategy is being developed for Bury at present – see above – with the emergency care priorities being taken forward at this time.

- 4.1 What did your CCG spend on innovation in the last year?

N/A

4.2 How have businesses successfully engaged with your CCG in the past regarding innovation?

N/A

4.3 What is the best way for a business to engage your CCG with a telemedicine innovation for care homes?

N/A

FOI NO: FOI 082

Date Received: 17 February 2020

Request :

1. How many service users in the CCG's area of service required 'complex care at home' packages in 2019?
2. What private companies provided 'complex care at home' packages in 2019?
3. What did each private company charge (per hour) for both nurses and Healthcare Assistants/ Support Workers in the CCG's area of service in 2019?

Response :

Bury CCG has included all domiciliary care at home packages within the response below. From the information we are able to analyse details of whether care provided is "complex" is not held.

1. How many service users in the CCG's area of service required 'complex care at home' packages in 2019?
387 (from January 2019 to December 2019)
2. What private companies provided 'complex care at home' packages in 2019?
Apollo
Bluebird
Care Assured
Care Connect
Castle Rock Care Agency
Complex Care Professionals
Crossroads
Evolve
Home Instead
I-care
Kare Plus
Mayday
Revelation
Routes
Synergy Healthcare
3. What did each private company charge (per hour) for both nurses and Healthcare Assistants/ Support Workers in the CCG's area of service in 2019?
Our hourly rate agreed in line with Local Authority for financial year 2019/20 is £15.54 standard rate and £18.28 complex rate.

FOI NO: FOI 083

Date Received: 18 February 2020

Request :

- **Agency Spend** – Total amount spent on agency staff in the 2018/19 financial year split into the CCG’s staff groups (E.g. Medical, Nursing, Admin, AHP etc.) and speciality/grade (E.g. Consultants, GP, ICU Nurse, Acute Nurse, Occupational therapists, Pharmacists, Health Care Assistants, etc.) depending on how this is reported within the Group. Could you please provide the information for all the CCG’s under your group separately?

I would greatly appreciate it if you could supply all this information for the year 2018/19 (April '18 to March '19). This will be very valuable information towards my ongoing research.

Response :

- Agency Spend – Total amount spent on agency staff in the 2018/19 financial year split into the CCG’s staff groups (E.g. Medical, Nursing, Admin, AHP etc.) and speciality/grade (E.g. Consultants, GP, ICU Nurse, Acute Nurse, Occupational therapists, Pharmacists, Health Care Assistants, etc.) depending on how this is reported within the Group. Could you please provide the information for all the CCG’s under your group separately?

I would greatly appreciate it if you could supply all this information for the year 2018/19 (April '18 to March '19). This will be very valuable information towards my ongoing research.

Please find below the agency spend for the year 2018/19 for NHS Bury CCG:

Please note the figures provided below are rounded to the nearest thousand.

Staff Group	Speciality	Expenditure 2018/19
Admin	Admin Staff	£522,000
Nursing	Nurse	£20,000
Total		£542,000

FOI NO: FOI 084

Date Received: 19 February 2020

Request :

I am writing to you today to formally request the following information about services relating to glucagon-like peptide-1 receptor agonists (GLP-1 RA) (<https://www.diabetes.org.uk/guide-to-diabetes/managing-your-diabetes/treating-your-diabetes/tablets-and-medication/incretin-mimetics>, also see BNF Chapter 6).

1. Does NHS Bury CCG have any local commissioned services/Locally enhanced services in primary care for GLP1 RA? Yes/No
 - If yes, please could you provide and attach a copy of the service specification for this service(s)?
If the service specification is already in the public domain, then please provide a direct web link to this document.
 - If yes to having a service in place, is this service commissioned “per patient initiated”?

Yes/No

If yes, what cost band does this fit into? Please answer using provided banding below.
<£50/ £50-£75 / £75-£100 / £100-£125 / £125-£150 / £150-£175 / £175-£200 / >£200

2. Does NHS Bury CCG have any current (2019/20) primary care pharmaceutical rebate schemes in place for GLP1 RA? Yes/No

- If yes- please provide details of this/these scheme(s) as per the table below:

Name of primary care pharmaceutical rebate scheme(s) for GLP1 RA.	Name of Drug(s) covered	Companies involved in the scheme

If details already exist within public domain, then please provide a direct web link to this/these document(s).

3. Does NHS Bury CCG have any current primary care prescribing incentive scheme(s) (2019/20) for GLP1 RA? – Yes/No

- a. If yes- please provide details of this/these scheme(s) as per the table below:
If details already exist within public domain, then please provide a direct web link to this/these document(s)
- b. If yes, does the incentive scheme require or link to any GLP1 RA audits? Yes/No
(Please capture in the table below).

Name of primary care prescribing incentive scheme(s) (2019/20) for GLP1 RA	Name of Drug(s) covered	Requires GLP1 RA Audits Y/N

Response :

- 1) Does NHS Bury CCG have any local commissioned services/Locally enhanced services in primary care for GLP1 RA?
No
- 2) Does NHS Bury CCG have any current (2019/20) primary care pharmaceutical rebate schemes in place for GLP1 RA?
No
- 3) Does NHS Bury CCG have any current primary care prescribing incentive scheme(s) (2019/20) for GLP1 RA?
No

Request :

1. Is Advinia/Burrswood **Care Home** recharged by the CCG via a contract or any other means for:-
 - Adult Mental Health visits/services for all or some of the residents
 - GP visits/services for all or some of the residents
 - District Nurse visits/services for all or some of the residents
 - Physiotherapy visits/services for all or some of the residents
 - Any other health related services ie posture & mobility, continence teams, SALT team etc
2. I would like as much information as you are able to provide regarding this recharge so that I can avoid submitting more than one FOI request. I wouldn't expect you to provide the exact figure that is recharged because I know that could affect the contract tendering process but I am just trying to find out if any of these services (and or some that I may be unaware of) are provided free of charge for all or some residents and if not I would like to know which services and which category of residents ie:-
 - Self funded
 - Adult social care funded
 - Dementia
 - Dementia nursing
 - Residential
 - Residential nursing

Response :

1. Is Advinia/Burrswood **Care Home** recharged by the CCG via a contract or any other means for:-
 - Adult Mental Health visits/services for all or some of the residents
 - GP visits/services for all or some of the residents
 - District Nurse visits/services for all or some of the residents
 - Physiotherapy visits/services for all or some of the residents
 - Any other health related services ie posture & mobility, continence teams, SALT team etc

No, Advinia / Burrswood Care Home is not recharged by NHS Bury CCG.

2. I would like as much information as you are able to provide regarding this recharge so that I can avoid submitting more than one FOI request. I wouldn't expect you to provide the exact figure that is recharged because I know that could affect the contract tendering process but I am just trying to find out if any of these services (and or some that I may be unaware of) are provided free of charge for all or some residents and if not I would like to know which services and which category of residents ie:-
 - Self funded
 - Adult social care funded
 - Dementia
 - Dementia nursing
 - Residential
 - Residential nursing

No recharges have been made.

Request :

This Freedom of Information request relates to NHS Bury CCG's utilisation of Referral Management Centres / Referral Assessment Centres (referred to below as RMCs).

1. Please provide the names and the NHS ODS organisation code of any RMCs used by NHS Bury CCG since April 2015.
2. For **each RMC** used by NHS Bury CCG, please provide, for **each financial year** since April 2015:
 - a. the total volume of NHS Bury CCG referrals processed by each RMC;
 - b. the name and NHS ODS site code of all providers to which each RMC has referred patients together with the volume of referrals made to each of those providers;
 - c. the total volume of referrals rejected by each RMC;
 - d. the average time between initial referral made by the GP (or relevant referrer) and referral being processed by each RMC;
 - e. for those referrals on the RTT pathway, the average time between initial referral made by the GP (or relevant referrer) and the start of the RTT pathway following processing by the RMC.

As well as completed financial years, please also include information for as much as possible of the current financial year, stating the last date for which information is included.

If it is not possible to provide the information requested due to the information exceeding the cost of compliance limits identified in Section 12, please provide advice and assistance, under your Section 16 obligations, as to how I can refine my request to be included in the scope of the Act.

Response :

1. Please provide the names and the NHS ODS organisation code of any RMCs used by NHS Bury CCG since April 2015.
NHS Bury CCG has its own internal Referral Booking Management Service
2. For **each RMC** used by NHS Bury CCG, please provide, for **each financial year** since April 2015:
 - a. the total volume of NHS Bury CCG referrals processed by each RMC;
See attached
 - b. the name and NHS ODS site code of all providers to which each RMC has referred patients together with the volume of referrals made to each of those providers;
See attached
 - c. the total volume of referrals rejected by each RMC;

See attached



FOI086 Referral
Numbers Work.xlsx

- d. the average time between initial referral made by the GP (or relevant referrer) and referral being processed by each RMC;
ALL 2 WW referrals must be processed within an hour and letters sent out to patients in the first class post.
All urgent referrals are prioritised first and as far as is practicable are processed on the same day they come in, if they come in after the team have left for the day they are processed first thing the next day. All routines are processed and letters sent out to patients within a maximum of 5 working days, most are completed within 2 days but where there is huge volume in a speciality or we are short staffed this can take longer for all referrals within that speciality to be processed.

- e. for those referrals on the RTT pathway, the average time between initial referral made by the GP (or relevant referrer) and the start of the RTT pathway following processing by the RMC.
This depends on the pathway speciality, whether it's 2ww, urgent, or routine, how busy the provider is etc. We ensure they are processed to the relevant pathway we do not have waiting times to know how long each individual patients waits for a specific service we only have the guide of 2wws – 2 weeks, urgent – 6-8 weeks and routines up to 18 weeks.

As well as completed financial years, please also include information for as much as possible of the current financial year, stating the last date for which information is included

FOI NO: FOI 087	Date Received: 20 February 2020
Request : Under the FOI act, could you kindly please provide me with a current list of the of all Practice Managers & their NHS issued email addresses within your CCG for the relevant GP surgeries they manage. Whilst phone numbers are provided for each surgery on other web services, Practice Managers names and direct NHS email addresses are not. Please be aware that I do not have the capacity to make phone calls and my request for email addresses reflect the position that I am in and should be judged accordingly. I am aware of my rights and responsibilities of receiving such information held	
Response : Under the FOI act, could you kindly please provide me with a current list of the of all Practice Managers & their NHS issued email addresses within your CCG for the relevant GP surgeries they manage.	

Whilst phone numbers are provided for each surgery on other web services, Practice Managers names and direct NHS email addresses are not. Please be aware that I do not have the capacity to make phone calls and my request for email addresses reflect the position that I am in and should be judged accordingly.

Under GDPR we are unable to provide a list of practice managers and their email addresses.

Please note that Practice Managers are employed by individual GP Practices and contact details can be found on the NHS Choices website at <https://www.nhs.uk/service-search/find-a-gp/results/Bury?latitude=53.5926936732009&longitude=-2.2987701438939>

FOI NO: FOI 088	Date Received: 21 February 2020
Request : <p>I am contacting you to request the following information to understand the provision of weight management services in your local area.</p> <p>1a) Who is the provider in your CCG for Tier 3 Weight Management services (if this is not commissioned in your area please state)</p> <p>1b) Please provide a contact email for this Tier 3 Weight Management service</p> <p>2. In 2017/18 and in 2018/19 in your CCG area, how many patients have:</p> <p>a) Received an assessment in your Tier 3 Weight Management service? b) Received treatment in your Tier 3 Weight Management service? c) Completed the Tier 3 weight management programme d) Referred for Tier 4 assessment from the Tier 3 service (and average waiting time for Tier 4 assessment) e) Received an assessment in the Tier 4 weight management service f) Received bariatric surgery?</p> <p>3. In 2017/18 and in 2018/19 in your CCG area, how many patients with T2DM (with BMI 35kg/m2 and greater) have:</p> <p>a) Received an expedited referral (ie direct to Tier 4 assessment without the need to complete a Tier 3 weight management programme) for consideration of metabolic surgery b) Received an assessment in your Tier 3 Weight Management service? c) Received treatment in your Tier 3 Weight Management service? d) Completed the Tier 3 weight management programme e) Referred for Tier 4 assessment from the Tier 3 service (and average waiting time for tier 4 assessment) f) Received an assessment in the Tier 4 weight management service g) Received bariatric surgery?</p> <p>4. What are you inclusion and exclusion criteria (including BMI thresholds and co-morbidities) for your Tier 3 and Tier 4 Weight Management services?</p> <p>5. During 2017/2018 and 2018/2019, did you have an upper limit on the number of patients for whom you commissioned:</p> <p>a) tier 3 weight management services, and; b) tier 4 weight management services</p>	

6. What outcome measures or key performance indicators do you use for Tier 3 and Tier 4 and what results (numbers and percentages) for these have you seen in 2017/18 and 2018/19?
7. Please can you provide a copy of your policy on the commissioning of Tier 3 weight management and Tier 4 Bariatric Surgery.

Response :

- 1a) Who is the provider in your CCG for Tier 3 Weight Management services (if this is not commissioned in your area please state)
NHS Bury CCG T3 Specialist Adult Weight Management Service provider is MoreLife (UK) Ltd. Please note this is a new service provider for 5 Greater Manchester CCGs who have procured and commissioned this service jointly – the new service provider commenced the T3 service as from 1st October 2019
- 1b) Please provide a contact email for this Tier 3 Weight Management service
buccg.corporateoffice@nhs.net
2. In 2017/18 and in 2018/19 in your CCG area, how many patients have:
- a) Received an assessment in your Tier 3 Weight Management service?
Please see table below.
- b) Received treatment in your Tier 3 Weight Management service?
Please see table below.
- c) Completed the Tier 3 weight management programme
NHS Bury CCG do not hold data down to this level and as we are unable to view patient level data we would not be able to answer these questions. These will need to be asked of the providers. ABL (A Better Life) will need to provide patient information to Salford Royal NHS Foundation Trust (SRFT) of those patients that were referred for our Tier 4 service in order to track them through the system in order to answer questions 1c-f along with the average waiting time as part of question 1d.
- d) Referred for Tier 4 assessment from the Tier 3 service (and average waiting time for Tier 4 assessment)
NHS Bury CCG do not hold data down to this level and as we are unable to view patient level data we would not be able to answer these questions. These will need to be asked of the providers. ABL (A Better Life) will need to provide patient information to Salford Royal NHS Foundation Trust (SRFT) of those patients that were referred for our Tier 4 service in order to track them through the system in order to answer questions 1c-f along with the average waiting time as part of question 1d.
- e) Received an assessment in the Tier 4 weight management service
NHS Bury CCG do not hold data down to this level and as we are unable to view patient level data we would not be able to answer these questions. These will need to be asked of the providers. ABL (A Better Life) will need to provide patient information to Salford Royal NHS Foundation Trust (SRFT) of those patients that were referred for our Tier 4 service in order to track them through the system in order to answer questions 1c-f along with the average waiting time as part of question 1d.
- f) Received bariatric surgery?
NHS Bury CCG do not hold data down to this level and as we are unable to view patient level data we would not be able to answer these questions. These will need to be asked of the providers. ABL (A Better Life) will need to provide patient information to Salford Royal NHS Foundation Trust (SRFT) of those patients that were referred for our Tier 4 service in order to track them through the system in order to answer questions 1c-f along with the average waiting time as part of question 1d.

	2017/18	2018/19
2.a) Received an assessment in your Tier 3 Weight Management service?	65	67
2.b) Received treatment in your Tier 3 Weight Management service?	56	59
2.c) Completed the Tier 3 weight management programme	N/A	N/A
2.d) Referred for Tier 4 assessment from the Tier 3 service (and average waiting time for Tier 4 assessment)	N/A	N/A
2.e) Received an assessment in the Tier 4 weight management service	N/A	N/A
2.f) Received bariatric surgery?	N/A	N/A

3. In 2017/18 and in 2018/19 in your CCG area, how many patients with T2DM (with BMI 35kg/m2 and greater) have:

- a) Received an expedited referral (ie direct to Tier 4 assessment without the need to complete a Tier 3 weight management programme) for consideration of metabolic surgery
NHS Bury CCG do not hold patient data so are unable to pinpoint the flow of these patients through the system. You would need contact the Tier 3 provider ABL (A Better Life) at admin@ablhealth.co.uk and Tier 4 provider Salford Royal NHS Foundation Trust (SRFT) at foirequest@SRFT.nhs.uk for this information.
- b) Received an assessment in your Tier 3 Weight Management service?
NHS Bury CCG do not hold patient data so are unable to pinpoint the flow of these patients through the system. You would need contact the Tier 3 provider ABL (A Better Life) at admin@ablhealth.co.uk and Tier 4 provider Salford Royal NHS Foundation Trust (SRFT) at foirequest@SRFT.nhs.uk for this information.
- c) Received treatment in your Tier 3 Weight Management service?
NHS Bury CCG do not hold patient data so are unable to pinpoint the flow of these patients through the system. You would need contact the Tier 3 provider ABL (A Better Life) at admin@ablhealth.co.uk and Tier 4 provider Salford Royal NHS Foundation Trust (SRFT) at foirequest@SRFT.nhs.uk for this information.
- d) Completed the Tier 3 weight management programme
NHS Bury CCG do not hold patient data so are unable to pinpoint the flow of these patients through the system. You would need contact the Tier 3 provider ABL (A Better Life) at admin@ablhealth.co.uk and Tier 4 provider Salford Royal NHS Foundation Trust (SRFT) at foirequest@SRFT.nhs.uk for this information.
- e) Referred for Tier 4 assessment from the Tier 3 service (and average waiting time for tier 4 assessment)
NHS Bury CCG do not hold patient data so are unable to pinpoint the flow of these patients through the system. You would need contact the Tier 3 provider ABL (A Better Life) at admin@ablhealth.co.uk and Tier 4 provider Salford Royal NHS Foundation Trust (SRFT) at foirequest@SRFT.nhs.uk for this information.
- f) Received an assessment in the Tier 4 weight management service
NHS Bury CCG do not hold patient data so are unable to pinpoint the flow of these patients through the system. You would need contact the Tier 3 provider ABL (A Better Life) at admin@ablhealth.co.uk and Tier 4 provider Salford Royal NHS Foundation Trust (SRFT) at foirequest@SRFT.nhs.uk for this information.

g) Received bariatric surgery?

NHS Bury CCG do not hold patient data so are unable to pinpoint the flow of these patients through the system. You would need contact the Tier 3 provider ABL (A Better Life) at admin@ablhealth.co.uk and Tier 4 provider Salford Royal NHS Foundation Trust (SRFT) at foirequest@SRFT.nhs.uk for this information.

4. What are your inclusion and exclusion criteria (including BMI thresholds and co-morbidities) for your Tier 3 and Tier 4 Weight Management services?

Inclusion criteria for T3:

In scope for this Service are:

- Adults (18yrs +) registered with a GP in the identified locality.
- Adults BMI 35 to 50 kg/m².
- Pregnant women with BMI 35 kg/m² at time of booking.
- Adults from BAME communities with BMI 30 to 35 kg/m²
- Adults with BMI who are on the local Bariatric pathway.
- All clients will be referred either from GP or Bariatric surgery provider.
- Clients with BMI above 50 kg/m² will be referred to the Tier 4 provider in addition to accessing the T3 programme where this is clinically appropriate.

Access criteria

Access criteria patients who are on the Bariatric pathway with BMI 40kg/m² and above

Co-morbidities and eligibility

Adults with co-morbidities associated with their high BMI will be eligible for this service. These co-morbidities include but are not exclusively limited to:

- Type 1, 2 and gestational diabetes
- Renal disease
- Hypertension
- Cardiovascular disease
- Osteoarthritis
- Dyslipidaemia
- Obstructive sleep apnoea
- Patients awaiting bariatric surgery who need to lose weight intensively, to reduce their anaesthetic and surgical risks
- Patients awaiting elective non-bariatric operations such as joint replacement who need to lose weight intensively to reduce their anaesthetic and surgical risks
- Patients with obesity related to steroid treatment for various conditions, including
 - Respiratory disease
 - Rheumatoid arthritis and related disorders
 - Inflammatory bowel disease (Crohn's disease, ulcerative colitis)
 - Renal disease
 - Skin disease, such as psoriasis
- Women who are infertile who need to lose weight to facilitate fertility assistance
- Patients with syndromic obesity
- Patients being investigated, or being managed for other endocrine causes of obesity

Exclusion criteria for T3:

Obese adults with:

- Uncontrolled alcohol or drug dependency.
- Poorly controlled major mental health illness, such as psychosis, severe depression, bulimia

nervosa.

- Newly diagnosed or uncontrolled hypothyroidism.
- Chronic kidney disease stage 4+ requiring specialist renal advice.
- Decompensated liver disease requiring specialist hepatic advice.

In all cases where the patient does not meet access criteria, they will be passed back to the original referral with appropriate supporting information.

For patients who have been referred through a bariatric provider, the service will engage with the appropriate clinician to agree appropriate package of support and information sharing.

Inclusion criteria for T4:

Referrals will only be considered for patients who are adults (aged 18 and over) as a treatment option for people with morbid obesity providing the patient fulfils all of the criteria laid out in the commissioning policy:

www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2013/08/a05-p-a.pdf

Surgery will only be considered as a treatment option for people with morbid obesity providing all of the following criteria are fulfilled:

- The individual is considered morbidly obese. For the purpose of this policy bariatric surgery will be offered to adults with a BMI of 40kg/m² or more, or between 35 kg/m² and 40kg/m² or greater in the presence of other significant diseases.
- There must be formalised Tier 4 Multidisciplinary Team led processes for the screening of co-morbidities and the detection of other significant diseases. These should include
 - identification, diagnosis, severity/complexity assessment, risk
 - Stratification/scoring and appropriate specialist referral for medical management. Such medical evaluation is mandatory prior to entering a surgical pathway.
- Morbid/severe obesity has been present for at least five years.
- The individual has recently received and complied with a local specialist tier 3 obesity service weight loss programme as set out in the NHS England commissioning policy.

Exclusion criteria for T4:

Exclusions are based on NICE Guidance CG43. Our T4 specification does not cover:

- Patients with a BMI under 35 kg/m². *
- People with recent onset Type 2 diabetes who have not gone through appropriate Tier 3 services and do not meet the surgical acceptance criteria;
- Children and adolescents up to and including 17 years and 11 months;
- Revision surgery (please refer to NHS England guidance: <https://www.england.nhs.uk/wp-content/uploads/2016/05/appndx-8-revision-surgery-ccg-guid.pdf> for separate revision criteria);
- Routine follow-up after 2 years.

* There may be special clinical scenarios where urgent weight loss is required (prior to renal transplant or cancer treatment or benign intracranial hypertension). These will arise from referral by another clinical MDT to a specialised complex obesity service. These patients will not have been through a Tier 3 service. However, if their clinical situation permits, they should undergo a minimum period of preparation, education and clinical optimisation in the Tier 4 non- surgical specialised weight

management service. These will be treated as exceptional cases and accelerated through the individual funding processes.

5. During 2017/2018 and 2018/2019, did you have an upper limit on the number of patients for whom you commissioned:

a) tier 3 weight management services, and;

61.

b) tier 4 weight management services

No upper limit.

6. What outcome measures or key performance indicators do you use for Tier 3 and Tier 4 and what results (numbers and percentages) for these have you seen in 2017/18 and 2018/19?

Area	Indicator name	Target	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4
Referral	Total number of referrals	N/A	24	29	19	22	35	20	24	37
	Percentage of referrals processed within 5 working days of referral receipt	90%	100%	100%	100%	100%	100%	100%	100%	86%
MDA	Percentage of clients offered an MDA within 8 weeks of referral	90%	88%	56%	0%	31%	21%	33%	63%	63%
	Number of MDAs completed	5	16	18	15	16	14	18	16	19
	Number of MDAs completed in which client is in a high risk group	75%	94%	83%	60%	56%	50%	61%	69%	58%
Intervention	Percentage of clients offered an intervention within 8 weeks of completing an MDA	75%	81%	83%	60%	75%	29%	78%	31%	79%
Area	Indicator name	Target	2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4	2018/19 Q1	2018/19 Q2	2018/19 Q3	2018/19 Q4
Intervention (cont)	Number of completed MDAs who start an intervention	4	15	14	13	14	12	17	14	16
	Percentage of completed MDAs who start an intensive	80%	94%	78%	87%	88%	68%	94%	88%	84%

intervention										
Number still in service	N/A	4	6	3	8	9	9	9	9	32
Percentage still in service	60%	17%	21%	16%	36%	26%	45%	38%	38%	86%

7. Please can you provide a copy of your policy on the commissioning of Tier 3 weight management and Tier 4 Bariatric Surgery.

We have service specifications for the provision of T3 and T4 services which are attached. These service specifications adhere to NHS England Policy and NICE Guidelines for Clinical Commissioning Complex and Specialised Bariatric Surgery (Ref: NHSCB/A05/P/a)



T3 SAWMS Service
Spec_Final Version Specification Jan 18



Tier 4 Service
Specification Jan 18

FOI NO: FOI 089

Date Received: 21 February 2020

Request :

- In your CCG is there any formal register kept of deaths occurring as a result of withdrawal of Clinically Artificial Nutrition and Hydration (CANH) that occur under the provisions of the Mental Capacity Act 2005 and BMA/RCP/GMC Guidelines 2018?
- If such a register is kept can you advise if there is any independent internal or external audit made of such deaths and the degree to which there is compliance with the BMA/RCP/GMC Guidelines, 2018 when such deaths occur?

Where deaths due to withdrawal of CANH are recorded and an audit is made of these, can you give an indication of the number such deaths in 2018 and in 2019 and the percentage of cases where the BMA/RCP/GMC Guideline Checklist has been used and fully completed?

Response :

- In your CCG is there any formal register kept of deaths occurring as a result of withdrawal of Clinically Artificial Nutrition and Hydration (CANH) that occur under the provisions of the Mental Capacity Act 2005 and BMA/RCP/GMC Guidelines 2018?
- If such a register is kept can you advise if there is any independent internal or external audit made of such deaths and the degree to which there is compliance with the BMA/RCP/GMC Guidelines, 2018 when such deaths occur?
- Where deaths due to withdrawal of CANH are recorded and an audit is made of these, can you give an indication of the number such deaths in 2018 and in 2019 and the percentage of cases where the BMA/RCP/GMC Guideline Checklist has been used and fully completed?

NHS Bury CCG does not hold a register in this regard.

FOI NO: FOI 090

Date Received: 23 February 2020

Request :

We would like to request information about services you may commission to provide Independent Advocacy for people accessing support in the following processes in your area:

- Continuing Health Care (CHC)
- Continuing Care
- personal wheelchair budgets
- personal health budgets

Q1. Could you provide the name of any service(s) you commission to provide Independent Advocacy Support to people going through Continuing Health Care processes (adult) or Continuing Care (children)?

Q2. Could you provide the name of any service(s) you commission to provide Independent Advocacy Support to people accessing personal wheelchair budgets?

Q3. Could you provide the name of any service(s) you commission to provide Independent Advocacy Support to people accessing or using personal health budgets processes (both adult and children)?

Response :

Q1. Could you provide the name of any service(s) you commission to provide Independent Advocacy Support to people going through Continuing Health Care processes (adult) or Continuing Care (children)?

Continuing Healthcare do not commission any service(s) to provide Independent Advocacy Support to people going through Continuing Healthcare process (adult) or Continuing Care (children), Personal Wheelchair Budgets or Personal Health Budgets.

Q2. Could you provide the name of any service(s) you commission to provide Independent Advocacy Support to people accessing personal wheelchair budgets?

Continuing Healthcare do not commission any service(s) to provide Independent Advocacy Support to people going through Continuing Healthcare process (adult) or Continuing Care (children), Personal Wheelchair Budgets or Personal Health Budgets.

Q3. Could you provide the name of any service(s) you commission to provide Independent Advocacy Support to people accessing or using personal health budgets processes (both adult and children)?

Continuing Healthcare do not commission any service(s) to provide Independent Advocacy Support to people going through Continuing Healthcare process (adult) or Continuing Care (children), Personal Wheelchair Budgets or Personal Health Budgets.